

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/506819

APPLICANT(S)

FILING DATE

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3	2		1				53						
4	2		1				54						
5	0		1				55						
6	2		1				56						
7	2		1				57						
8	0		1				58						
9	0		1				59						
10	0		1				60						
11	0		1				61						
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49							99						
50							100						
TOTAL IND.	/	↓	/	↓		↓							
TOTAL DEP.	14	←	10	←		←		↓	↓	↓			
TOTAL CLAIMS	15		11				←	←	←				